



KANSAS CORPORATION COMMISSION 1080152  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1080152

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

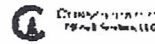
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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#2465



182000204

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Fidelity	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	2826 LS	Section	4	Excess (%)	20
Customer Acct #		TWP	33S	Density	13.5/14.5
Well No.	North Janzen #1-A	RGE	14E	Water Required	
Mailing Address		Formation		Yield	1.55/1.45
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth	1219	Slurry Volume	
Contact		Casing Size	4 1/2 INCH, J-55 (10.5 LBS)	Displacement	19
Email		Casing Depth	1187	Displacement PSI	450
Cell		Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.00	\$ 160.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
5402	FOOTAGE	1,187	PER FOOT	0.22	\$ 261.14
EQUIPMENT TOTAL					\$ 1,801.14
Cement, Chemicals and Water					
1104S	CLASS "A" CEMENT (SALES) BLEND(SK)	80	0	\$14.95	\$ 1,196.00
1126	W/C. CEMENT (CAL SEAL) 6%O/WC. 2% CAL. CHLORIDE 2% GE	60	0	\$18.80	\$ 1,128.00
1118B	PREMIUM GEL/BENTONITE (60#)	450	0	\$0.21	\$ 94.50
1107A	PHENOSEAL	80	0	\$1.29	\$ 103.20
1123	CITY WATER (PER 1000 GAL)	5	0	\$16.54	\$ 82.70
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
CHEMICAL TOTAL					\$ 2,604.40
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	4	TER TRANSPORT (CEME	\$112.00	\$ 448.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
TRANSPORT TOTAL					\$ 448.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 45.00
SUB TOTAL					\$ 4,898.54
12% (-DISCOUNT)					\$ 587.82
SALES TAX					\$ 146.77
DISCOUNTED TOTAL					\$ 4,457.49
TRUCK#	DRIVER NAME				
398	Wade, John				
518	Marrs, Casey				
415 780	Lucas, Bryan				

AUTHORIZATION Wayne K... UP  
 DATE Dec. 15, 2011

TITLE \_\_\_\_\_  
 FOREMAN [Signature]

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Fidelity	State, County	Montgomery, Kansas	Cement Type	CLASS 7
Customer Acct #	LS	Section	4	Excess (%)	20
Well No.	0	TWP	39S	Density	13.6/14.5
Mailing Address	North Janzen #1-A	RGE	14E	Water Required	0
City & State	0	Formation	0	Yield	1.55/1.46
Zip Code	0	Hole Size	6 3/4	Slurry Weight	0
Contact	0	Hole Depth	1218	Slurry Volume	0
Email	0	Casing Size	1 1/2 INCH, J-55 (10.5 LBS)	Displacement	19
Cell	0	Casing Depth	1187	Displacement PSI	450
Office	0	Drill Pipe	0	MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	5

REMARKS

Pumped 3 sks gel ahead, est. circulation, pumped 80 sks 4% gel lead, 60 sks owc, tail,  
flushed pump and lines displaced plug to bottom set shoe shut in. (140 SKS)  
Circulated cement to surface.

Safety MTR  
John W  
Charney  
Beverly  
Casey